

**Republic of the Philippines**  
**Province of Davao del Norte**  
**BIDS AND AWARDS COMMITTEE**  
 Government Center, Mankilam, Tagum City

Quotation No. : C20213651

Date : August 06, 2021

Page : 1

PR Number : 2108-4123

PURSUANT TO THE PERTINENT PROVISION OF REPUBLIC ACT NO. 9184 AND ITS IMPLEMENTING RULES AND REGULATIONS, PLEASE QUOTE YOUR UNIT, TOTAL AND GRAND/LOT PRICE OF THE ITEMS LISTED HEREUNDER, WHICH THE PROVINCE OF DAVAO DEL NORTE DESIRES TO PURCHASE. SHOULD THE BIDS AND AWARDS COMMITTEE FIND YOUR PRICE REASONABLE, RESPONSIVE AND LOWEST IN THE MARKET, YOU WILL BE OFFICIALLY NOTIFIED AS TO THE DATE OF DELIVERY. IN CASE THERE IS A FAILURE OF DELIVERY AND/OR LATE DELIVERIES, LIQUIDATED DAMAGES SHALL BE IMPOSED AND BE CHARGED AGAINST YOUR PRESENT OR FUTURE TRANSACTIONS. THE PROVINCIAL GOVERNMENT OF DAVAO DEL NORTE RESERVES THE RIGHT TO ACCEPT OR REJECT ANY BID, TO ANNUL THE BIDDING PROCESS, AND TO REJECT ALL BIDS ANY TIME PRIOR TO CONTRACT AWARD, WITHOUT THEREBY INCURRING ANY LIABILITY TO THE AFFECTED BIDDERS.

Item No.	Qty./Unit	Item	Quotation	
			Unit Price	Total Amount
1	100 TUBE	BETAMETHASONE OINTMENT 15G	_____	_____
2	100 TUBE	METAMETHASONE OINTMENT 5G	_____	_____
3	100 TUBE	MUPIROCIN OINTMENT 15G	_____	_____
4	100 TUBE	SULFUR OINMENT	_____	_____
5	100 BOT	SULFUR SHAMPOO(SCALPEX-KETOCONAZOLE)	_____	_____
6	45 CAN	PETROLEUM JELLY 25G	_____	_____
7	52 BOX	ASCORBIC ACID 500MG TAB 100'S	_____	_____
8	60 BOX	VITAMIN B COMPLEX CAP 100'S	_____	_____
9	50 BOT	ASCORBIC ACID SYRUP 120ML	_____	_____
10	30 BOX	VITAMIN E-400	_____	_____
11	144 BOTS	MULTIVITAMINS + MINERALS 120ML	_____	_____

FOR USE OF PHO-TB & LEPROSY PROGRAM

Approved Budget for the Contract : P 284,975.00

PLACE OF DELIVERY : PGSO Warehouse

DATE OF OPENING OF CANVASS: August 12, 2021

TIME OF OPENING OF CANVASS: 09:00:00 AM

VERY TRULY YOURS,

**SUPPLIERS MUST SPECIFY/INDICATE BRAND NAMES UPON QUOTATION**  
 Failure to specify, may be a ground for disqualification.

**ENGR. GLENN A. OLANDRIA**  
 (Provincial Engineer)

**THE WINNING BIDDER SHALL BE REQUIRED TO SUBMIT A WARRANTY SECURITY/CERTIFICATE DURING DELIVERY OF THE ITEM.**

I HEREBY CERTIFY:

- 1) THE ABOVE PRICES OF THE ITEMS HEREIN DESCRIBED ARE CURRENT AND VALID FOR 120 DAYS FROM DATE OF THE OPENING OF CANVASS.
- 2) IN CASE THE PROVINCE OF DAVAO DEL NORTE WILL OFFICIALLY NOTIFY THAT THE ITEMS WILL BE PROCURED FROM MY/OUR ESTABLISHMENT, THE STOCKS ARE READILY AVAILABLE OFF-THE-SHELF.

NAME OF ESTABLISHMENT \_\_\_\_\_

ADDRESS \_\_\_\_\_

Please check whether VAT  V.A.T. or Non-VAT  Non-V.A.T.

PhilGEPS Registration No.: \_\_\_\_\_

T.I.N. No. \_\_\_\_\_ TEL./FAX No. : \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINTED NAME

CANVASS BY: \_\_\_\_\_

Signature Over Printed Name

\_\_\_\_\_  
POSITION

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Item No.	Qty./Unit	Item	Quotation	
			Unit Price	Total Amount
12	60 BOX	MULTIVITAMINS + MINERALS CAP 100'S		

Remarks : **-ALL BIDDERS MUST SPECIFY/INDICATE BRAND NAME OF THEIR PRODUCTS**  
**-ALL BIDDERS ARE REQUIRED TO ATTACH CPR**  
**-TO BE DELIVERED 10 CALENDAR DAYS UPON RECEIPT OF P.O**  
**-NO PARTIAL DELIVERY IS ACCEPTED & NO REQUEST FOR EXTENTION BE GRANTED**  
**- TO BE AWARDED IN LOT PRICE BASIS**  
**-ALL MULTIVITAMINS CAP.& SYRUP WITH NO APPROVED THERAPEUTIC CLAIM LABEL IS NOT ACCEPTED**  
**-WINNING BIDDERS WILL BE THE ONE TO SHOULDER THE PAYMENT FOR BFAD SAMPLING**  
**-ALL DELIVERED SUPPLIES MUST BE AT LEAST 1 YEAR OR MORE PRIOR TO ITS EXPIRY DATE**

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NAME OF ESTABLISHMENT _____	
ADDRESS _____	
Please check whether VAT or Non-VAT	<input type="checkbox"/> V.A.T. <input type="checkbox"/> Non-V.A.T.
PhilGEPS Registration No.: _____	
T.I.N. No. _____	TEL./FAX No. : _____

\_\_\_\_\_  
SIGNATURE

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Item No.	Qty./Unit	Item	Quotation	
			Unit Price	Total Amount

\* \* \* GRAND/LOT PRICE : P \_\_\_\_\_

**Terms and Condition :**  
 The following documentary requirements shall be submitted together with the Price Quotation Form or Canvass as requisite for award:  
 a) Mayor's/Business Permit  
 b) PhilGEPS Registration Number

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 ADDRESS \_\_\_\_\_

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 or Non-VAT

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